

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

RECEIVED

By Carol Day at 8:30 am, Jun 22, 2015

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

Complete this report in duplicate at the time Send copy to Department of Health and Sen				whenever instrument is repaired.		
ALCO SENSOR IV SN 108389	PRINTER SN 099.3586.804			DATE OF INSPECTION 06/16/2015		
LOCATION OF INSTRUMENT (STREET AND CITY) 303 E. 3rd Street Joplin	,			TIME OF INSPECTION 3:59 pm		
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.						
☑ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)						
☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)						
PRINTER WORKING PROPERLY						
TIME AND DATE DISPLAYING PROPE						
BREATH ALCOHOL ACCURACY STANDARDS SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE						
STANDARD SUPPLIER Intoximeters	s, Inc Le	OT # AG504002	EXP. DATE	10/09/2016		
SIMULATOR TEMPERATURE (34°C ± 0	0.2°C) SIMI	JLATOR SN	SIMUL	ATOR EXP DATE		
less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE						
TEST 1097	TEST 2 .096		TEST 3 🖛 .09	7		
RFI DETECTOR OPERATING			· · · · · · · · · · · · · · · · · · ·			
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)						
REFUSALS 3 (004) 0	(.0509) 2	(.1014) 7	(.1519)	2 (OVER .19) 1		
List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).						
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INSPECTING OFFICER						
SIGNATURE DE SIGNATURE			PRINT NAME Brett Davis			
TYPE PERMIT NUMBER EXPRATION DATE 230157/08-14-2015			TELEPHONE NUMBER (417) 623-313			
	cohol Program, MO Dep nes Boulevard luff, MO 63901	eartment of Health ar	nd Senior Service	es, Southeast District Office		



MQ 580-07.71 (8-10)

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



PERMIT TYPE II

BRETT DAVIS

and operate the following breath analyzer(s): INTOXILYZER 5000, INTOXILYZER 8000, ALCO-SENSOR IV W/PRINTER for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of section 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.					
NUMBER 230157	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY Low Contain Contai				
EXPIRES 8/14/2015					



Permit No 230157
Date Issued 8/14/2013 Date Expires 8/14/2015



Airgas USA LLC (LAB)

3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 10-Feb-2015

Lot # AG504002

Exp. Date

Cyl. Type

Component

Certified Concentration

9-Oct-2016

30

Ethanol Nitrogen 0.100 ± 2% BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u> EB0010581	Concentration 391.8 ppm	<u>Serial No.</u> EB0010603	Concentration 392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2015.02.10 11:00:04 - 06:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 108389 AS IV Serial no: 108389 Version no: 532B Version no: 532B TEST RECORD 00376 TEST RECORD 00374 Temp Date Time 210L Temp Date Time 210L Air Blank: Air Blank≓ 06/16/15 16:02 .000 06/16/15 15:59 .000 Calibration Check: Calibration Check: 30 06/16/15 16:02 .097 29 06/16/15 15:59 .097 Subject Name Subject Name Subject I.D. Subject I.D. Operator Name, I.D. Operator Name: I.D. Location Jophn Jail Jiplin Jai AS IV Serial no: 108389 AS IV Serial no: 108389 Version no: 532B Version no: 532B TEST RECORD 00377 TEST RECORD 00375 Time 210L Date Teme Temp Date Time 210L VOID: RFI Air Blank: 12 06/16/15 16:03 06/16/15 16:01 .000 Calibration Check: Subject Name 29 06/16/15 16:01 .096 Subject Name Subject I.D. Subject I.D. Operator Name: I.D. Operator Hame/ I.D. Joplan Jail Joplin Jail